

Attorney Docket: 2473P

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 5, 2003.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: August 5, 2003

Paul A. CRONCE et al.

Conf. No.: To Be Assigned

Serial No.: 09/503,778

Group Art Unit: To Be Assigned

Filed: February 14, 2000

Examiner: To Be Assigned

For:

PORTABLE AUTHORIZATION DEVICE FOR AUTHORIZING USE OF

PROTECTED INFORMATION AND ASSOCIATED METHOD

RECEIVED

AUG 1 1 2003

Technology Center 2100

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.

08/11/2003 MAHMED1 00000003 09503778

01 FC:1201 02 FC:1202

252.00 OP 324.00 OP

2473P -1-

AU6 0 8 2003 ... the application: Paul A. CRONCE and Joseph M. FONTANA

RECEIVE

erial No: 09/503,778

Group Art Unit: To Be Assigned

AUG 1 1 2003

Filed: February 14, 2000

Examiner: To Be Assigned

Technology Center 2100

For: Portable Authorization Device for Authorizing Use of Protected Information and Associated Method										
ENCLOSURES (check all that apply)										
	Preliminary Amendment				Assignment and Recordation Cover Sheet			After Allowance Communication to Group		
	After Final				Part B-Issue Fee Transmittal			Appeal Communication to Board of Appeals and Interferences		
	Information disclosure statement				Letter to Draftsman			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
	Form 1449				Drawings			Status Letter		
	(X) Co	(X) Copies of References			Petition			Postcard		
	Extension of Time Request *				Fee Address Indication Form			Other Enclosure(s) (please identify below):		
	Express Abandonment				Terminal Disclaimer					
	Certified Copy of Priority Doc				Power of Attorney and Revocation of Prior Powers					
	Response to Incomplete Appln				Change of Correspondence Address					
	Response to Missing Parts				*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .					
	Executed Declaration by Inventor(s)									
CLAIMS										
FOR			Claims Remaining After Amendment		Highest # of Claims Previously Paid For	Extra Claims		RATE	FEE	
Total	Claims		45		27	18		\$18.00	\$324.00	
Indep	Independent Claims		16		13	3		\$84.00	\$252.00	
Total Fees \$576.00										
Check no. 6311 in the amount of \$576.00 is enclosed for payment of fees.										
	Charge \$ to Deposit Account No (Account Holder Name) for payment of fees.									
Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Attorney Name Stephen G. Sullivan, Reg. No. 38,329										
Signature Jan Mil										
			gust 5, 2003							
CERTIFICATE OF MAILING										
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Signature Time In Com-										